Whether you have had the same health insurance coverage for many years through your employer or if you are buying new coverage from the Health Insurance Marketplace, if you are the parent of a child or youth with special health care needs, a little extra time and attention will help ensure that your coverage is sufficient to meet your child's needs, as well as those of your entire family.

Once a year, take the time to review your plan. Read the fine print! And remember that understanding what a policy does not cover is just as important as knowing what it does cover.

Here are some questions to get you started:

- 1. Is your current pediatrician included in the plan?
- 2. Will you have to get a referral from your pediatrician each time you receive specialty pediatric services?
- 3. Is there a preferred list of providers or a certain network that you must use? (This could apply not only to physicians but also to hospitals.) If so, will you have access to the pediatric specialists (including surgical specialists) that you need? And what happens if you want to take your child to be seen by someone outside of the network?
- 4. Are there limits on the number of visits allowed?
- 5. What does the policy say about coverage for durable medical equipment (DME), including things like walkers and wheelchairs? Is there recognition that children who are growing often need to have equipment replaced more frequently than adults?
- 6. Is there coverage for nutritional supplements (special formulas)?
- 7. What is your plan's formulary (list of medications covered), and what are the rules about that coverage? Ask about procedures for obtaining coverage for medications that are not included on the list. Especially ask about any drugs your child takes on a regular basis.



This information is provided by Family Voices of Alabama and the Family-to-Family Health Information Center.

To learn more: www.familyvoicesal.org • 877-771-FVOA (3862)